Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

(a)

OMB No.: 0938-

Stato

Nebraska

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J 2.1 Application, Determination of Eligibility and Furnishing Medicaid

The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. MS-91-24
Supersedes Approval Date No. MS-75-9

Effective Date HOV 9 1 1933

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11 Revision: HCFA-PM-93-2 (MB) March 1993 Nebraska State: Citation 42 CFR 2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to 435.914 1902(a)(34) Medicaid services under the plan during the of the Act three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A. 1902(e)(8) and (2) For individuals who are eligible for Medicare 1905(a) of the cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of Act the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group. _X__ (3) Pregnant women are entitled to ambulatory 1902(a)(47) and prenatal care under the plan during a 1920 of the Act presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group. (c) The Medicaid agency elects to enter into a risk 42 CFR 434.20 contract with an HMO that is--X Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.

> X Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in <u>ATTACHMENT 2.1-A</u>.

__ Not applicable.

TN No. MS-95-8

Supersedes

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Approval Date AUG 0 8 1995

Effective Date __JUL 0 1 1995

TN No. MS-93-4

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September 1991

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State/Territory:

Nebraska

Citation

1902(a)(55)
of the Act

2.1(d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in \$1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

Note: Applications may be taken for all eligibility groups.

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